

Certification of Hearing Impairment for Cochlear Implant Program

Applicant's Name: _____ Birth date: _____
Last First Middle

Name of Parent or Legal Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County _____

Phone: _____ Secondary Phone: _____

This certification must be completed by a Cochlear Implant Surgeon specializing in otology

Verification of Hearing Loss

An evaluation shows that the applicant meets the following eligibility requirements:

- ☐ Has a severe to profound hearing loss
- ☐ Is medically recommended for a cochlear implant

“Profound hearing loss” a hearing impairment of 91dBHL or more
“Severe hearing loss” a hearing impairment of 71dBHL to dBHL

Name: _____ Title _____
(Please type of print)

Agency: _____

Address: _____

City _____ State: _____ Phone: _____

It is my professional opinion that the applicant identified above has a severe to profound hearing loss and is medically recommended for a cochlear implant

Signature: _____ Date: _____

**Additional Eligibility Information Required for the
Cochlear Implant Program**

Covered services pursuant to 46:30:08:03 are limited to the cost of implant surgery for one or both ears, cost of one or two implant devices, initial mapping, and 12 follow-up mappings per person per lifetime. Please submit the following information:

Cost of Implant Surgery:

Cost of one Implant Device:

Cost of initial Mapping:

Cost of Follow-up Mapping:

Submit application to:
Janet Ball
Division of Rehabilitation Services
Hillsview Properties Plaza
c/o 500 E Capitol
Pierre, SD 57501